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1) Petition for Revival of an Application for Patent Abandoned Unintentionally Under

37 CFR 1.137(b)

2) Fee Transmittal

3)

4)

5)

Inventor(s): Nurse S.N.: 09/755.408

Filed: January 5, 2001

Number of Pages Including this Page: 12

Confirmation No.: 5236

Case: 7903M

Comments:

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PTO/SB/17 (10/03)

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Complete if Known FEE TRANSMITTAL 09/755,408 Application Number for FY 2004 Patent fees are subject to annual revision. Confirmation Number 5236 Filing Date January 5, 2001 First Named Inventor Nurse Examiner Name S. J. Castellano Art Unit 3727 TOTAL AMOUNT OF PAYMENT (\$)1,330.00 Attorney Docket No. 7903M

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. [X] The Director is hereby authorized to charge indicated fees	3. ADDITIONAL FEES			
submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:	Code (\$) Fee Descripti	on Fee Paid		
		ate filing fee or oath []		
Deposit Account Number: 16-2480		ate provisional filing fee or cover sheet		
Deposit Account Name: The Procter & Gamble Company		h specification []		
		request for ex parte reexamination		
		publication of SIR prior to		
	Examine			
FEE CALCULATION	1805 1.840* Requesting	publication of SIR after		
		r's action		
1. BASIC FILING FEE - Large Entity	1251 110 Extension for	or reply within 1st month		
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Code (\$) Fee Description Fee Paid				
1001 770 Utility filing fee []				
1002 340 Design filing fee []				
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1005 160 Provisional filing fee		2		
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SUBTOTAL (1) (\$)[]				
Wa	,	stitute a public use proceeding [] svive - unavoidable []		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity				
La grandy				
Extra Fee from Fee	502 480 Design issue			
Claims Below Paid		tee [] he Commissioner []		
Total Claims [] - 20^{**} = [] x [] = []		ce under 37 C.F.R. 1.17(q)		
Independent Claims $[] - 3^{**} = [] \times [] = []$		of Information Disclosure Statement []		
Multiple Dependent [] = []		nission after final rejection		
** or number previously paid, if greater; For Reissues, see below		1.129(a)) []		
		itional invention to be		
Code (\$) Fee Description		(37 CFR §1.129(b)		
1202 18 Claims in excess of 20	801 770 Request for 0	Continued Examination (RCE)		
1201 86 Independent claims in excess of 3		xpedited examination []		
	of a design			
1203 290 Multiple dependent claim, if not paid	454 1330 Acceptance of	unintentionally delayed claim for		
1204 86 **Reissue independent claims over original patent	priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)			
1205 18 **Reissue claims in excess of 20 & over original patent	, , , , , , , , , , , , , , , , , , , ,			
·	Other fee (specify)			
·	ther fee (specify)			
SUBTOTAL (2) (\$)[]	Reduced by Basic Filing F	ce Paid SUBTOTAL(3) (\$) [1,330]		

SUBMITTED BY			Comple	Complete (if applicable)	
Name (Print/Type)	Peter D. Meyer	Registration No. (Attorney/Agent)	47,792	Telephone	(513) 634-9359
Signature	16 N			Date	September 20, 2004

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